

THCIC  
Payer Source Coding Guide

Descending order of frequency

IF	Then Use	Code
Medicaid (including HMO, PPO, EPO, POS) or CHIP/SCHIP		MC
Medicare Health Maintenance Organization (HMO)		16
Medicare Part B or Medicare Outpatient		MB
Medicare Part A or Medicare (including PPO, EPO, POS, Indemnity)		MA
Preferred Provider Organization (PPO)		12
Health Maintenance Organization (HMO)		HM
Local or State Program (including county or hospital district indigent program)		11
Self/Private Pay		09
Unknown		ZZ
Hospital charity		ZZ
CHAMPUS		CH
Veterans Administration Plan		VA
Exclusive Provider Organization (EPO)		14
Point of Service (POS)		13
Automobile Medical or No-Fault Insurance		AM
Liability		LI
Liability Medical		LM
Disability		DS
Other Federal Programs not listed above (including Indian Health Service, Federal incarceration, Crime victims, US Marshall's office)		OF
Workers Compensation Health Plan		WC
Title V Children with Special Health Care Needs (CSHCN) Services Program		TV
If none of the above, will be Indemnity		15

## CATEGORY DESCRIPTIONS

### **09 Self pay**

Payment responsibility is borne by the patient or another individual and not by a federal, state, local or private organization. Includes Medical or Health Savings Accounts.

If payment is made by the patient or an individual, use "SELF PAY" in Payer Organization Name field and use ""SELF" in Payer Identification field.

### **10 Central certification**

Definition is unknown. Category is not used.

### **11 Other non-federal program**

Payment is made by a state or local program and most likely funded by tax dollars. This could include claims for which application to a program has been made but eligibility has not been determined. Can include entities such as the Texas Rehabilitation Commission, Texas Kidney Foundation, non-federal incarceration and adoption agencies.

### **12 Preferred Provider Organization (PPO)**

PPO is a type of managed care insurance. PPO plans combine some elements of the HMO plan with elements of the indemnity plan. Like HMOs, the PPO plans have contracts with a specific list of medical providers. The enrollees may go outside of the network, but will incur larger costs in the form of higher deductibles, higher coinsurance rates, or non-discounted charges from the providers.

### **13 Point of Service (POS)**

POS is a type of managed care and the category is new with the THCIC 837. A POS is an HMO/PPO hybrid; sometimes referred to as an "open-ended" HMO when offered by an HMO. POS plans resemble HMOs for in-network services. Services received outside of the network are usually reimbursed in a manner similar to conventional indemnity plans.

### **14 Exclusive Provider Organization (EPO)**

EPO is a type of managed care and the category is new with the THCIC 837. An EPO is a more restrictive type of preferred provider organization plan under which beneficiaries must use providers from a specific network of physicians and hospitals to receive coverage. In most cases, there is no coverage for care received from a non-network provider except in an emergency situation.

### **15 Indemnity Insurance**

This is traditional or fee-for-service plans, indemnity plans, whether group or individual. It includes individual insurance and a company's self-funded insurance. An indemnity plan reimburses the patient and/or provider as expenses are incurred. Indemnity plans usually do not require beneficiaries to choose from a provider network for covered care. Unless specified otherwise as PPO, HMO, EPO, an individual or group plan is an indemnity plan.

### **16 Health Maintenance Organization – Medicare Risk**

Medicare risk is a contractual relationship between CMS and HMO managed care plans where the plan provides specific health care benefits to beneficiaries in exchange for a prepaid fixed monthly amount from CMS. These benefits replace traditional Medicare benefits. Programs included in the Medicare managed care risk programs fall under the Medicare + Choice contract. These are called Coordinated Care Plans.

**AM Automobile Medical**

This category is new with the THCIC 837. Automobile medical or no-fault insurance coverage (including a self-insured plan) that pays for all or part of the medical expenses for injuries sustained in the use of, or occupancy of, an automobile.

**BL Blue Cross**

This category refers to a specific insurance company. Blue Cross provides many different plan options (PPO, HMO).

THCIC recommends that this category not be used.

**CH CHAMPUS**

CHAMPUS is a health benefits program offered through the Military Health Services System of the Department of Defense of inactive military, their spouses, dependents and beneficiaries.

CHAMPUS provides authorized in-patient and out-patient care from civilian sources, on a cost-sharing basis. Retired military are eligible, as well as dependents of active-duty, retired and deceased military. Also known as TRICARE.

CHAMPUS: *Civilian Health and Medical Program of the Uniformed Services*

**CI Commercial Insurance**

This category is misinterpreted as being any insurance that can be purchased on the open market (commercially). However, there are other categories that provide more specific categorization. businesses.

THCIC recommends that this category not be used.

**DS Disability**

Disability insurance pays benefits in the event that the policy holder becomes incapable of working. This does not include workers compensation insurance or other tax-funded programs.

Types of disability insurance include:

- Short-term disability: a disability not lasting longer than six months.
- Partial disability: Any condition, resulting from illness or injury, that keeps an insured from performing one or more occupation related activities.
- Total disability: A disability that prevents an insured from performing duties essential to his/her regular job.
- Permanent disability: An inability to work at any job.

**HM Health Maintenance Organization (HMO)**

An HMO is an organized system that arranges or provides a set of health care services to members in return for a prepaid or periodic charge paid by or on the behalf of the enrollees.

Membership in an HMO requires plan members to obtain their health services from doctors and hospitals affiliated with the HMO. Members usually select a primary care physician who manages all of the health care and serves as a gatekeeper for specialty care.

**LI Liability**

Insurance which pays and renders service on behalf of an insured for loss arising out of his/her responsibility to others imposed by law or assumed by contract.

Types of liability insurance include homeowner's insurance, umbrella liability insurance for individuals and companies.

**LM Liability Medical**

Insurance which pays only for medical services on behalf of an insured for loss arising out of the insured's responsibility to others imposed by law or assumed by contract.

**MA Medicare Part A**

Federal insurance program for people aged 65 and older, people with disabilities, or people with End-Stage Renal Disease (ESRD). Medicare Part A covers in-hospital services.

**MB Medicare Part B**

Federal insurance program for people aged 65 and older, people with disabilities, or people with End-Stage Renal Disease (ESRD). Medicare Part B covers physician and other outpatient services.

**MC Medicaid**

Medicaid is a jointly funded, federal – state, health insurance program for low-income and needy people. Medicaid is run by the state and covers children, the aged, blind, and/or disabled and other people who are eligible to receive federally assisted income maintenance payments. The state provides Medicaid eligibility to people eligible for Supplemental Security Income (SSI) benefits. This includes the CHIP/SCHIP programs.

**OF Other Federal Program**

Federal tax-funded programs, other than Medicare, Medicaid, CHAMPUS and Veteran's Administration, that pay for health services. Such programs include Indian Health Service, Federal incarceration, US Marshall's Office, and Crime Victims.

**TV Title V**

The Children with Special Health Care Needs (CSHCN) Services Program, funded through the Title V Block grant, provides services to children with extraordinary medical needs, disabilities, and chronic health conditions. The CSHCN Services Program's health care benefits include payments for medical care, family support services, and related services not covered by Medicaid, CHIP, private insurance, or other third party payors.

**VA Veterans Administration Plan**

The Veterans Health Administration (VHA) provides a broad spectrum of medical, surgical, and rehabilitative care to its customers. Services are provided primarily in VHA facilities.

**WC Workers Compensation Health Plan**

Workers Compensation insurance covers the cost of medical care and rehabilitation for workers injured on the job. It also compensates them for lost wages and provides death benefits for their dependents if the workers are killed in work-related accidents, including terrorist attacks.

**ZZ Charity or Unknown**

This category is new with the THCIC 837. This category is used to report services that will not be paid for or reimbursed by a local, county, or state program or by private insurance. It is also used to report claims for which the payer source is unknown at the time that the claim is reported to THCIC.

If no payment is expected, enter "CHARITY" in Payer Organization Name and in Payer Identification fields.

If the payer is unknown at the time the claim is reported to THCIC, enter "UNKNOWN" in Payer Organization Name and in Payer Identification fields.

If an application has been made to Medicaid or another state or local program, "Program name Application" may be used in Payer Organization Name field.